## BEST AVAILABLE COPY

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Α	Silaa	ation	or	Docket	Numb	эe

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/618809

Ellective December 29, 1999										<u> </u>	10	0 0 /	
		CLA	(Co	FILED - olumn 1)		(Colu	umn 2)		ALL I	ENTITY	OR	OTHER SMALL I	
FO	PR		NUMBE	R FILED	i_	NUMBER		RA	TE	FEE	] [	RATE	FEE
BASIC FEE			mar and							345.00	OR	4.00	690.00
то	TAL CLAIMS		46	minus 2		26		X\$	9=		OR		468—
INDEPENDENT CLAIMS 5 minus 3 = 2							ХЗ	9=		OR	X78=	156-	
MULTIPLE DEPENDENT CLAIM PRESENT								+13	30=	<b></b>	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TAL.	$\vdash$	OR	TOTAL	12/4/
CLAIMS AS AMENDED - PART II								.0		<u> </u>	10,,	OTHER	THAN
(Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	SMALL		
AMENDMENT A		REM Al	AIMS IAINING FTER NDMENT		PRE	IGHEST UMBER EVIOUSLY AJD/FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN NDW	Total	· 6		Minus	** (	The	=	X\$	9=		OR	X\$18=	
ME	Independent	• [		Minus	***	5	= 4	ХЗ	9=		OR	X78=	
7	FIRST PRESE	NTATIO	ON OF ML	JLTIPLE DEF	PENDE	ENT CLAIM	1	+13	3O=		OR	+260=	
							IT(	OTAL		ا <sub>م</sub> ا	TOTAL		
		(Col	lumn 1)		(Cd	olumn 2)	(Column 3)	ADDIT	. rEE		J	ADDIT. FEE	<b>-</b>
AMENDMENT B		REN A	LAIMS MAINING FTER NDMENT		H N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	<u> </u>		Minus	***		]=	ХЗ	9=		OR	X78=	
Ë	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<u> </u>		1		<u> </u>
								+13			OR	+260=	ļ
								ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE	
<u> </u>			lumn 1)	<del></del>		olumn 2)	(Column 3)	l			•		
AMENDMENT C		REN	LAIMS MAINING IFTER NDMENT		PRI	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	•		Minus	***		=	X3		<del>                                     </del>	1	X78=	<del>                                     </del>
lacksquare	FIRST PRESE	NTATI	ON OF MI	ULTIPLE DE	PEND	ENT CLAIM	M	l ├~̈		-	OR	-	<del> </del>
	If the enterior	me 4 '	loce *bee	so onterior in the	· ^	MIRITA HOP 1	oluma 2	+13			OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".													
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													